



**West Virginia Department of Health and Human Resources (DHHR)
PARENT/GUARDIAN PLACEMENT EVALUATION**

Date evaluation conducted: _____ Case number(s): _____

SECTION I: GENERAL INFORMATION			
Name:		DOB:	
Race:		Relationship:	
Telephone	Home:	Cell:	Work:
Address:			
Mailing Address (if different):			
County:			
Directions to Home:			
Child(ren) for whom the Home Study is being completed:			
Name	Date of Birth	Relationship to Applicant	

Other Persons in the Home:

Name:	Date of Birth:	Relationship:

SECTION II: PURPOSE OF EVALUATION

SECTION III: PROFILES
(Copy this section and complete for each parent/guardian or other caretaker in the home)
Name of Parent/Guardian:

Family History:
Mental/Physical Health:
Employment/Income:

Name of Additional Parent/Guardian
Family History:
Mental/Physical Health:
Employment/Income:

SECTION IV: INTERPERSONAL RELATIONSHIPS	
Previous Marriages/Relationships:	
Communication Style/Effectiveness:	
Challenges of Relationship(s)/Overcoming Adversity:	
Domestic Violence History—Past or Present:	
Relationship with Other Biological Parent:	

SECTION V: CHILDREN IN THE HOME (Copy this section and complete for each child in the home)	
Child's Name:	DOB:
Educational Status/Progress:	
Mental/Physical Health:	
Behaviors/Safety Concerns:	
Feelings Toward Child(ren) Entering the Home:	

SECTION VI: PARENTING STYLES AND STRENGTHS	
Experience with Parenting:	
Relationship with the Children:	
Expectations/Rules for the Child(ren):	
Discipline/Punishment Methods:	
Child Specific Issues/How to Address:	
Knowledge of Resources Available:	
Knowledge/Understanding of Alleged Abuse:	
Knowledge of Assisting the Child(ren) During Separation from Other Parent:	
Willingness to Cooperate with Case Plan/Visitation:	
Commitment to Long Term Placement:	
Ability to Keep Child(ren) Safe from Abusing Parent:	

SECTION VII: HOUSING AND COMMUNITY	
Physical Description of the Home:	
Home Safety Concerns (if any):	
Housekeeping Standards:	
Community Safety Concerns (if any):	
School:	

SECTION VIII: CRIMINAL INVESTIGATION BUREAU RECORD CHECKS			
Parent Name:			
CIB:	Date Completed	NCIC:	Date Completed
Results:		Results:	
Parent Name:			

CIB:	Date Completed	NCIC:	Date Completed
Results:		Results:	
Other:			
SECTION IX: CHILD/ADULT PROTECTIVE SERVICES RECORD CHECK			
Parent Name:		Results:	
Parent Name:		Results:	

SECTION X: COLLATERAL CONTACTS

SECTION XI: EVALUATION/RECOMMENDATIONS
Placement Strengths/Concerns:
Recommendation: Based on information contained in this evaluation, this parent/guardian <u>is/is not</u> recommended as a placement option for _____ by the West Virginia Department of Health and Human Resources.

Prepared By:

Name

Date

Approved By:

Name

Date